U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only
1	(LAY = 32006)
E	CAS DEOF

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 12650		2. Fiscal Year Covered From:
		1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filling.		4. Name, file number, and address of labor organization.
Name Gregg	Martin	Name IBEW Local Union 569
		Labor Organization File Number 034-254
P.O. Box, Bldg., Room No., if any		P.O. Box, Building and Room Number, if any
Street 16714 Wikiup Road		Street 4545 Viewridge Avenue, #100
City Ramona		City San Diego
State California	ZIP Code + 4 92065	State California ZIP Code + 4 92123-1633
5. Position in labor organization. Exe	cutive Board Member/VP	
- · · · · · · · · · · · · · · · · · · ·		

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions monetary value from an employer whose em		derived income or other economic benefit of on represents or is actively seeking to represent.
6. Name and address of Employer (including trade r	name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
		7.b. Amount.
Street		
City		
State ZIP 6	Code + 4	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and of	other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying document	
undersigned's knowledge and belief, true, correct, and complete. (See the section on pena	alties in the instructions.)

Signed	Concast AM	rad E
		/

On 04/15/2006

(858) 569-8900

Date

Telephone Number

Name of Person Filing Gregg Martin File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). 9. Business deals with: Name San Diego Electrical Pension Trust X a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any PO Box 231219 c. Employer Street San Diego City State California ZIP Code + 4 92194-1219 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Appointed by IBEW Local 569 as a labor Trustee. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street \$0 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. Expenses for required attendance at scheduled Board ZIP Code + 4 State of Trustees meetings. \$913 12.b. Amount.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.	

Name of Person Filing $\ensuremath{\operatorname{Gregg}}$ Martin

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Busines	s (including trade name, if any).	9. Business deals with:	
Name and address of Busines Name San Diego Electri Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City San Diego State California 10. If 9.b. or 9.c. is checked give tru Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	ZIP Code + 4 92194-1219 ust or employer's name.	 a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. Appointed by IBEW Local 569 as a labor Trus 	tee
Street City State	ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Expenses for required attendance at schedul of Trustees meetings and educational confer	ences.
		12.b. Amount.	\$1,393